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ABSTRACT

Intended for such school personnel as teachers, administrators, school board members, school bus drivers, cafeteria workers, and parent-teacher organizations, the volume provides basic information on child abuse and neglect. Sections cover the following topics: child abuse and neglect as an historical phenomenon, causes (including characteristics of abusers), incidence, legal and professional responsibilities of school personnel, definitions of child abuse and neglect, identification (covering physical abuse, neglect, sexual molestation, revealing parental behaviors, revealing children's behaviors, and emotional maltreatment), guidelines for school policies, reporting procedures (including a sample report form), approaches to primary prevention, and a checklist for rating school involvement. Appended are a concept analysis model of the abused child, a flow chart of school personnel reporting procedures, and a glossary of approximately 50 terms related to child abuse and neglect. (IM)

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Child Abuse and Neglect:

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EDUCATION

DONALD F. KLINE

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A Primer for School Personnel



The Council for Exceptional Children

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About the Author

Donald F. Kline, Ph.D., is Professor and Head, Department of Special Education, Utah State University, Logan. He knows education from the perspective of the classroom, the university, the state board of education, and the US Office of Education. In teaching, administrative, consultant, and supervisory roles, Dr. Kline has worked in Nebraska, Missouri, Idaho, Utah, and Washington, DC. He has edited a series of teaching guides for F. E. Compton and Company of Chicago. For the Bureau of Education for the Handicapped, Dr. Kline and his colleagues, Dr. Mark Hopper, Dr. James Christiansen, Steve Krantz, and Lionel Brady, wrote an integration of the research related to child abuse. He and his colleagues also reported on the relationship between abuse and neglect and children handicapped as a result of child abuse. Major findings of the research include the fact that a preponderantly large number of sexually abused children are in special education classes for the emotionally disturbed, and conversely, high incidences of retardation, neurological problems, and impaired emotional functioning are found among physically abused children.

Dr. Kline's work in this area has led him to believe that academic and personality deficits resulting from abuse and neglect tend to become more severe with the passage of time, and social and psychological problems continue long after the physical evidence of abuse or neglect has vanished.

Introduction

American educational systems and educational personnel can no longer avoid involvement in the growing problem of child abuse and neglect. History records that when society becomes sufficiently aware of a major social concern, it turns to the schools for solutions. The schools are the one institution that touches the lives of many adults and has more contact over longer periods of time than any other social structure except the home. The schools have a significant impact upon the lives of all who have not attained an age that exempts them from the state's compulsory education laws.

Even though the medical, legal, and social welfare aspects of child abuse and neglect have dominated both the professional and popular literature, it is becoming increasingly apparent that both primary and secondary prevention of child abuse and neglect is a socioeducational problem.

While the schools should not be expected to provide solutions to all of the social, economic, and cultural variables that clearly impinge upon the environments where child abuse and neglect appear to be most prevalent, they can provide some measure of primary prevention through instruction on appropriate parenting behaviors and knowledge of child growth and development. They can also provide a substantial measure of secondary prevention by identifying abused and neglected children at an early stage and soliciting the assistance of other institutions and agencies in preventing the recurrence of abusive and neglectful behaviors on the part of parents or other caretakers.

Recent legislative trends have left educators with only two basic alternatives: to develop policies and programs dealing with the problem of child abuse and neglect or to wait until policies are imposed through legislative or funding requirements. In short, education must either act or react.

An example of the legislative and funding requirements already imposed is the Child Abuse Prevention and Treatment Act (Public Law 93-247). This act illustrates the imminence of education's choice to act or to react.

To qualify for funding under the act, a state or its political subdivisions must meet several specific requirements. At least three of the requirements in the existing legislation directly involve education:

1. The state must have administrative procedures, trained personnel, training procedures, institutional and other facilities, and multidisciplinary programs and services sufficient to assure that child abuse and neglect are reported.

Note: All states have mandatory reporting laws, and 36 specifically name teachers, school administrators, or other school personnel among those required to report suspected cases of child abuse and neglect.

2. The state must provide for cooperation among law enforcement officials, courts of competent jurisdiction, and all appropriate state agencies providing human services for the prevention, treatment, and identification of child abuse and neglect.

Note: The schools are institutions that provide human services, and again, the requirement of identification clearly involves schools and school personnel.

3. The state must provide for public dissemination of information on child abuse and neglect, as well as list facilities and prevention and treatment methods available to combat this problem.

Note: Whenever a state is charged with disseminating information, sooner or later the schools almost always become involved.

Another indicator of society's increasing demand that schools become involved is seen in the rules and regulations of state and federal agencies. Personnel engaged in the operation of Head Start programs, for example, are required by federal regulation to report child abuse and neglect. Some workers in the field of child abuse and neglect argue that these regulations are redundant since state laws already require such a report. It should be remembered, however, that state laws focus on professional groups and institutions, and failure to report a case of child abuse or neglect is a misdemeanor offense. However, failure to comply with a federal regulation carries the threat of loss of funds for the program.

If further evidence of society's interest in involving schools is required, it can be safely predicted that all local education agencies complying with the Education for All Handicapped Children Act, Public Law 94-142, will undoubtedly find abused and neglected children as their "child find" programs become fully operational since research has established a clear relationship between handicapping conditions and child abuse. While cause-effect relationships are still to be established, there is no question about the coexistence of these phenomena.

Leading workers in the field of child abuse and neglect will applaud this

unexpected benefit of Public Law 94-142 when it begins to occur since they have long sought ways of providing services to children who have no access to society from the time they leave the hospital after birth until they become school age. If parents fail to take advantage of private or public health services and programs, such as well baby clinics, the child's first access to society may be denied until the age of compulsory school attendance. Unfortunately, those preschool children most urgently in need of services are often the least likely to receive them.

Even though responsible and knowledgeable writers have called for a significantly greater involvement of the schools in the area of child abuse and neglect (Ferro, 1975; Shanas, 1975; Education Commission of the States, 1976), available research suggests that personnel currently staffing the schools are not adequately trained for such an increased involvement (Riddle, 1975).

To make matters worse Report No. 99 of the Education Commission of the States (1977) presented data leading to the conclusion that teacher preparation institutions are providing only superficial instruction in the area of child abuse and neglect.

The training of teachers and those preparing to teach is not an overwhelming task. Teachers already have knowledge of child growth and development. They are familiar with children's interpersonal and intergroup interaction patterns. Teachers and those preparing to teach have been given instruction in educational psychology and are capable of measuring achievement as well as understanding the limitations imposed by the child's intellectual potential. Moreover, teachers are familiar with and regularly use the disciplines of medicine, psychology, social work, optometry, and a wide variety of other professionals to assist in the diagnosis of problems that may inhibit the child's academic success. To provide basic information regarding the medical, sociological, and psychological signs and symptoms of child abuse and neglect is not only relatively easy, but it also builds upon what teachers already know.

The purpose of *Child Abuse and Neglect: A Primer for School Personnel* is to provide teachers, administrators, school board members, school bus drivers, cafeteria workers, parent-teacher organizations, and other concerned citizens with basic information regarding child abuse and neglect. It is hoped that the information contained within these pages will be of value to those who have both a legal and professional obligation to report suspected cases of child abuse and neglect.

Child Abuse and Neglect: A Phenomenon of Mankind's History

Accounts of cruelty to children are recorded throughout every phase of man's history (Radbill, 1974). According to deMause (1975), "the human track record of child raising is bloody, dirty, and mean" (p. 85).

Scholars of the classical period reflected the attitudes of their times, and Plato, Aristotle, and Seneca all maintained that killing defective children was a wise custom (Bakan, 1971). Russell quoted Aristotle, who said:

The justice of a master or a father is a different thing from that of a citizen, for a son or a slave is property, and there can be no injustice to one's own property. (Russell, 1945, p. 174)

The teachings of the Old Testament, which greatly influenced Western Christianity, embraced the concept that the infliction of pain upon children was necessary if they were to develop properly. For example, Deuteronomy 21:18-21 clearly instructs a father to put a wicked son to death. The book of Proverbs admonishes the following:

He that spareth the rod hateth his son; but he that loveth him chasteneth him betimes. (13:24)

Chasten thy son while there is hope, and let not thy soul spare from his crying. (19:18)

Withhold not correction from the child; for if thou beatest him with the rod, he shall not die. (23:13)

Thou shalt beat him with the rod, and shalt deliver his soul from hell. (23:14)

These and similar teachings were brought by our forefathers to this country, and early colonial America was founded on strict religious principles that adopted stringent measures for governing children. In 1646 the Massachusetts courts adopted the old Mosaic law, which imposed the death penalty on unruly children, and in 1651 Connecticut followed the example.

During the Industrial Revolution, children as young as 5 years were put

to work under dreadful conditions. Many were chained to their posts for long hours during the day, and many succumbed to occupational diseases and factory hazards.

With the passage of child labor laws in the late 1800's children were no longer a source of cheap labor and were abandoned in great numbers. In 1847 the Society for the Prevention of Cruelty to Animals was successful in removing a little girl, Mary Ellen, from a home where she was being beaten daily, seriously malnourished, and neglected. The Society won the case on the grounds that Mary Ellen was a part of the animal kingdom and was, therefore, entitled to "at least the same justice as a common cur" (Bremmer, 1971).

Gradually, and largely through the efforts of both the Society for the Prevention of Cruelty to Animals and the Society for the Prevention of Cruelty to Children, some states began to expand their interests in the welfare of children. The idea that the state might have the right and duty to be concerned with cases of parental neglect or cruelty and abuse developed slowly and was based not only on moral issues but on economic issues as well. The costs to society for the care of an individual in a custodial institution for the major portion of his or her life can exceed \$20,000 per year. Projected over an expected life span of only 40 years, the cost per individual can be \$800,000 or more.

Within this context, the beginning of the modern period of recognition that child abuse exists came in the mid 1940's. Articles published first in medical journals (Caffey, 1946a, 1946b) clearly suggested intentional parental injury. Then another 7 years lapsed before the issue was addressed directly by Silverman, who wrote:

It is not often appreciated that many individuals responsible for the care of infants and children . . . may permit trauma and be unaware of it, may recognize trauma but forget or be reluctant to admit it, or may deliberately injure the child and deny it. (Silverman, 1953, p. 424)

It was not until 1961 that the first relatively public acknowledgment of the problem of child abuse and neglect was made in a manner that could generate some consequences. In 1961 at a seminar sponsored by the American Academy of Pediatrics, a presentation of the problem of child abuse was made by Dr. C. Henry Kempe and his colleagues from the University of Colorado's School of Medicine. It was here that the term *battered child syndrome* was first used and the problem of physical abuse of children was identified as a medical syndrome, a childhood disease in its own right with a set of symptoms and named by its cause (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962).

After a decade the efforts of those concerned with the health and welfare of children led to the passage of national legislation—the Child Abuse Prevention and Treatment Act (S. 1191, 93rd Congress, 1st Session). Senate Bill 1191, now known as Public Law 93-247, has done much to

stimulate a widespread awareness of the problem of child abuse and neglect. Research has been stimulated somewhat but much remains to be done. America's schools are just now beginning to become meaningfully involved, and there remains the task of developing a knowledgeable profession capable of working effectively with other disciplines in the battle against one of America's greatest problems—the physical abuse, neglect, sexual molestation, and emotional and psychological maltreatment of children.

Causes of Child Abuse and Neglect

There are as many specific causes of child abuse and neglect as there are abused and neglected children. No single cause can be identified although the notion long held by most societies that a child is the property of the parent and that "there can be no injustice to one's own property" has been one of the major contributors to the problem throughout history.

Some students of the phenomena argue that the problem is only symptomatic of greater social and economic problems. Poverty, breakdown of the nuclear family, drug and alcohol abuse, increasing mobility of individual family members and job related work away from the home for extended periods of time, and cultural and ethnic differences are all associated with the physical abuse, neglect, sexual molestation, and psychological and emotional abuse of children.

While the situations noted above may contribute substantially to the problem in any given case, it is impossible to attribute child abuse and neglect to the abuser's level of income (abusers are both rich and poor); residence (abusers live in both rural and urban areas); use of alcohol or drugs (abusers may or may not use alcohol or drugs); family relationships (abusers are found in single parent, two parent, foster parent, and other home and family configurations); ethnic and/or cultural differences (abusers are found among all groups); or religious preference (abusers are Jewish, Protestant, Catholic, Mormon, atheist, and agnostic).

Child abuse and neglect knows no boundaries and may occur and reoccur from conception (if the mother uses drugs excessively) through adolescence. Handicapped children or children who are seen as "different" seem to invite abuse more frequently than "normal" children, but there is no way to identify which one among several children in a family will be abused. In some cases, a single child in a family is the recipient of abuse while the brothers and sisters are relatively free from harm. In other families, all of the children are abused and/or neglected. If one views neglect as an act of omission and physical abuse as an act of commission, a similar pattern may be seen not only in neglect cases but also in cases

involving emotional or psychological maltreatment.

While the causes of abuse cannot be identified with any specific social, economic, religious, ethnic, or geographic factors, the abuser usually exhibits three characteristics in common with other abusers. They are the inability to cope with the complex problems of modern life; unrealistic expectations of children, usually with little or no accurate knowledge of child growth and development; and an urgent need for help.

Most abusers are individuals who are unable to deal effectively with their own problems, to seek help from others, or to respond realistically and appropriately to crisis situations such as the loss of a job, a death in the family, or an unwanted transfer.

In many cases the abusers have learned whatever they might know about parenting from poor models. That is, they were themselves abused as children and have had no opportunity to learn appropriate parenting behaviors and skills. Having experienced abuse as children, the abusing parents engage in the only behaviors they know, and which for them are the expected or "normal" approach to child rearing. Thus, what was learned as a child is repeated as an adult and the cycle of child abuse and neglect begins anew.

Incidence of Child Abuse and Neglect

The exact incidence rate of child abuse and neglect is not known. Gil (1969) reported that less than 7,000 cases occur annually, while Light (1973) presented a figure of 1,175,000. Lebsack (1976) reported the highlights of data gathered by the National Clearinghouse on Child Neglect and Abuse operating under the auspices of the Children's Division of the American Humane Association. Based on data collected during 1975, he reported a total of 307,778 children involved. These data were a composite of information drawn from reports submitted by states participating in the National Study project as well as from states not currently included in the project. A similar report on the incidence of child abuse and neglect was reported by the editors of *Child Protection Report* (1977) quoting University of Rhode Island sociologist Richard J. Gelles. Based on 1975 data, Gelles estimated that between 1.4 million and 1.9 million children 3 to 17 years of age and living with both parents were "vulnerable to physical injuries and violence." The report continued:

The indicated number of children exposed to dangerous modes of violence in 1975 is a "low estimate" Gelles said because *only intact families were surveyed* (the risk of abuse is believed to run higher in single parent families) and no children under three years were included. Thus he considers that 1.4 to 1.9 million estimate to be a base-line figure; if all children were included it would be much higher. (p. 1)

Assumptions regarding the magnitude of the problem based on these or any other data 2 or more years old should be made with caution. It should be remembered that Public Law 93-247 was just becoming operational and the nation's social consciousness was just beginning to awaken to the seriousness of the problem.

Finally, it should be pointed out that the National Center for Child Abuse and Neglect (NCAN) has repeatedly stressed the fact that the reported cases are only the tip of the iceberg. Estimates from NCAN (and other sources such as the National Committee for the Prevention of Child

Abuse) rather consistently use the figure 1,000,000 when asked how many children are abused, neglected, and sexually molested each year.

In addressing the question of whether or not the nation has a serious problem of child abuse, Zigler (1976) stated:

There is no question that we do have a national problem of child abuse. The real question has been made murky by a failure to state whether one is making judgments on the basis of absolute or relative numbers. Certainly one can point to other negative events experienced by children such as falls, which occur more frequently than does child abuse. Thus speaking relatively, one can argue that child abuse is not as large a problem as are childhood accidents.

It is my view that such a relative approach to designation of social problems has serious dangers. Taken to its extreme, the comparative approach would lead to total inaction in most of these problem areas in which child advocates are currently working to improve the status of America's children. I therefore support the absolute approach to the problem of child abuse and argue that whether there are one-thousand or one-million abused children, child abuse constitutes a real social problem that merits our society's concern and intervention. (p. 1)

Legal and Professional Responsibilities

Until recently, child abuse and neglect was not thought to be a concern of the schools. Most of the literature prior to Gil's 1969 report strongly suggested that abused and neglected children were of preschool age. In 1969, however, Gil reported that 47.6% of the reported cases of child abuse were of school age. More recently, Lebsack (1976), reporting on the data collected by the American Humane Association's National Clearinghouse on Child Neglect and Abuse noted that 40% of all cases were reported from "public and private social agencies, schools and school personnel, law enforcement, courts, [and] hotlines." Unfortunately, the number of cases specifically reported by schools and school personnel is not included in Lebsack's data. The data are supportive of Gil's 1969 findings, however, and tend to confirm the many recommendations for significantly greater involvement of the schools in the area of child abuse and neglect (Ferro, 1975; Shanas, 1975; Education Commission of the States, 1976).

Because of the compulsory attendance laws, school personnel come in daily contact with almost half of the abused and neglected population (Education Commission of the States, Report No. 85, 1976; Shanas, 1975). And, once in school, a child's appearance and behavior are observed regularly by a number of people (Broadhurst, 1975). In brief, the teacher may well be the first line of defense for the child against child abuse (Fontana, 1965; Shanas, 1975).

There are a number of reasons, both legal and professional, for school personnel to be involved in the battle against child abuse and neglect. By definition a profession is a vocation requiring knowledge of a department of learning or science. A professional, as distinguished from an amateur, engages in activities pertaining or appropriate to that profession. Since teachers and other professional school personnel have been trained as observers of child growth and development and are aware of behaviors that interfere with academic achievement, it follows that professional school personnel have a professional responsibility to observe behaviors that interfere with a child's academic success and to seek the assistance of

other professionals whenever they suspect a case of child abuse and neglect. Hence, if a teacher suspects child abuse or neglect, it should be a perfectly professional response for that teacher to make a formal request (via reporting) for an examination of the child by a physician and an inquiry into the child's environment by a child protective service worker.

Sufficient evidence is now available to show that teachers, when following school policies and procedures or when appropriately trained, have become effective participants in the referral process. After teachers were informed of their legal responsibility in Syracuse, New York, the school system became "the greatest single source of uncovering these problems in Syracuse" (Murdock, 1970, p. 105). Project PROTECTION, a federally funded project in Montgomery County, Maryland¹, has brought about a steady increase in child abuse referrals (Broadhurst, 1975). In the Bedford-Stuyvesant area of Brooklyn, the SCAN (School Children—Abused and Neglected) project produced over 170 referrals in its first months of operation. In the first 25 days of operation, a team in the Jefferson County Public Schools in Colorado reported 22 cases (Education Commission of the States, Report No. 85, 1976). In all of these instances, teachers were involved in reporting suspected cases of abuse and neglect.

In addition to the professional responsibility, there is also a legal responsibility to seek further assistance when child abuse and neglect is suspected. Currently, 36 states specifically name teachers or school personnel among those required by state statute to report suspected cases. The balance of the states have mandatory reporting laws and list "any person" or "institution providing social services" (or similar language) in their state statutes.

Not only do the states require reporting on the part of schools (institutions providing social services) and school personnel, but these same statutes also provide immunity from civil or criminal liability when the report is made in good faith. At present, only Oklahoma makes no specific reference to immunity for reporting in good faith.

In addition to requiring the reporting itself, nearly half of the states provide a penalty for failure to report. If it can be established that a teacher or other professional school employee had knowledge of abusive or neglectful behavior on the part of the caretaker and failed to report to the designated authorities (usually the state's social service agency or the police), he or she is subject to charges of a misdemeanor. In some states and local school districts, school board policies state that the employee is subject to disciplinary action by the board if he or she fails to follow the policies and procedures adopted by the board.

There is still another reason for making a formal request for further investigation if child abuse and/or neglect is suspected. Abuse and neglect are seldom isolated occurrences, and usually abusive and neglectful behaviors recur both in frequency and severity (Fraser, 1974). Since abuse and neglect tend to recur and in light of the growing body of

knowledge regarding the coexistence of abuse with both educational and psychological problems, the professional responsibilities become increasingly apparent.

In one study (Kline & Christiansen, 1975) it was found that 27% of the children adjudged abused or neglected were subsequently enrolled in special education classes. It was also determined that these children exhibited behaviors indicative of psychological problems; they were fearful, shy, immature, withdrawn, depressed, aggressive, destructive, or excessively absent from school, or they engaged in stealing behaviors.

While no one would suggest that all children in special education or all children who exhibit behaviors indicative of psychological problems are abused and neglected, school personnel cannot discard the possible diagnosis of abuse and/or neglect for some of these cases if they are to represent themselves as professionals.

In the study just noted as well as studies done by Oates (1976) and Kent (1976) it was found that abused and neglected children tended to be substantially below grade level in reading, math, and spelling. Again, the professional educator must consider the possibility of abuse and neglect as a contributing factor in much the same way as physicians consider a retinal hemorrhage as the result of abuse rather than as a "spontaneous retinal hemorrhage," which was the diagnosis for many years prior to research findings indicating the contrary.

If the school is to carry out its primary task of transmitting knowledge, skills, and abilities to realize the full potential of each child, it becomes necessary that early intervention in cases of child abuse and neglect take place. Early intervention in cases of abuse and neglect is as important as early intervention in cases where a child cannot achieve because he cannot hear or because he cannot see, or because he has other physical handicaps, regardless of etiology.

In view of current knowledge about the coexistence of educational and psychological problems with child abuse and neglect, it becomes the professionally responsible response to seek further assistance by reporting suspected cases.

Society's intervention on behalf of handicapped children via the schools has become an expected part of the professional educator's function. Child abuse and neglect is a serious handicapping condition that clearly impinges on the professional educator's ability to successfully carry out the mission with which he is charged and for which he is responsible. Child abuse and neglect can no longer be excluded from the list of handicapping conditions with which educators must deal.

Definitions of Child Abuse and Neglect

One of the major problems facing those who work in the area of child abuse and neglect is the problem of definition. The literature reflects a variety of definitions which vacillate between a very narrow definition emphasizing serious physical abuse to a very broad definition emphasizing maltreatment or circumstances in which a child's health or welfare is threatened.

Among the definitions that emphasize serious physical abuse are:

Any willful or grossly careless act on the part of parents or designated caretaker which resulted in overt physical injury to the child in question. (Morse, Sahler, & Friedman, 1970)

Non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them. (Gil, cited in Kempe & Helfer, 1968)

Children with significant physical trauma unexplained by history or admitted to by parents; repeated unexplained physical trauma; and neglected children who are seriously suspected of being physically abused and who have siblings with documented abuse. (Martin, 1972)

Physical injury to the child, willfully inflicted. (Spinetta & Rigler, 1972)

Child abuse refers to children who show evidence of physical injury or physical neglect by the parents. (Tracy & Clark, 1974)

Among the definitions that emphasize maltreatment are:

Child abuse can be defined formally as a situation in which a child is suffering from serious physical injury inflicted upon him by other than accidental means; is suffering by reason of neglect, malnutrition, or sexual abuse; is going without necessary and basic care; or is growing up under conditions which threaten his physical and emotional survival. (Light, 1973)

A syndrome with or without inflicted injury, in which a child's survival is threatened in his home (Newberger, Hagenbuch, Eberling, Colligan, Sheehan, & McVeigh, 1973)

Any act of commission or omission by individuals, institutions, or society as a whole, and any condition resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development. (Gil, 1973)

In an attempt to provide a comprehensive definition, the Child Abuse Prevention and Treatment Act (Public Law 93-247), passed by the 93rd Congress, defined the phenomenon as follows:

Child abuse and neglect: means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. (Sec. 3)

This definition should have considerable appeal to educators since it flows from a sense of what children are, what they need, and what they may become. Moreover, this definition suggests changes for improving the lives of many vulnerable children who are at risk, not only from abuse and neglect but also from a wide variety of socially sanctioned practices which hinder or prohibit the full development of each individual.

The examples just noted illustrate the wide variety of definitions in the literature. Many students of the phenomenon popularized by Kempe and Helfer's (1968) term *battered child syndrome* have reached the conclusion that polar definitions that tend to describe children at opposite ends of a continuum have been pressed about as far as they can. What is needed is a concept of the abused, neglected, and sexually molested child that provides a basis for identification, a framework for curriculum development, and parameters for research.

The need for a conceptually based classification system has been recognized for some time. Zigler (1976) has stated the need as follows: "Related to this perplexing problem [of definition] is our lack of differentiated and conceptually-based classification system for child abuse" (p. 3).

Somewhat earlier, Kline and Hopper (1975) had reached the same conclusion and set about the task of developing a concept analysis of the abused child. It should be noted that Zigler called for a conceptually based classification system for the process—child abuse—while Kline and Hopper attempted to arrive at a conceptual definition descriptive of the product—the abused child.

Based on an extensive review of the then available literature in the fields of law, medicine, social work, education, psychology, and the allied health fields, only three distinguishing attributes must be identified in every case. The abused child (a) is under the age of 18, (b) is under the charge of a caretaker, and (c) has suffered nonaccidental physical or psychological injury.

Obviously, each abused and/or neglected child will exhibit different

and sometimes multiple manifestations of abuse and/or neglect. The vast array of attributes that can be found in the abused child is displayed in a schematic drawing in Appendix A. Also, a brief narrative interpretation of the conceptually based classification system is presented for those who may be interested in research or curriculum development.

For purposes of this discussion any of the definitions noted in this chapter will suffice since it is *not* the function of educational personnel to make a definitive diagnosis prior to reporting. *It is both the legal and professional responsibility of school personnel to recognize the signs and symptoms of abuse, neglect, and sexual molestation and to make a formal request for further investigation.*

Recognizing the Problem: Identification

Teachers, unlike many professionals, have a unique opportunity to observe children over extended periods of time. Not only do they see the child during the regular school day, but they also have a panoramic view of the child based on weeks and months of observation. Most professionals see only a "still life" picture of the child during the child's brief visit to the office or during a brief visit in the home. The fact that teachers and other school personnel see the living, moving, developing, acting, and reacting child over time places them in a unique position to identify the abused, neglected, and sexually molested child.

Identification and early referral is important for two reasons: First, existing injuries may be treated, and second, the child may be protected from further maltreatment.

It should be remembered that reporting a case of child abuse, neglect, or sexual molestation as required by law is not "putting the finger" on anyone. In making a report, the teacher is engaged in the most appropriate behavior of the true professional. Seeking the assistance of professionals in other areas of specialization is one of the highest forms of professionalism. No one professional should be seduced into thinking that he can handle child abuse and neglect problems alone. Identification, assessment, and treatment of the abused child and his or her family is a multidisciplinary enterprise, and anything less may serve only to put the child in further jeopardy.

It must also be remembered that it is *not* the responsibility of school personnel to prove that a child has been the victim of maltreatment. A suspicion of abuse, neglect, or sexual molestation is all that is required. If a report is made in good faith, most state statutes protect the reporter from civil or criminal liability, and if the state law fails to provide such immunity, duly adopted school board policies and procedures have the force and effect of law until changed by the courts or the legislature.

Providing proof of neglect, abuse, and/or sexual molestation is the responsibility of the agency designated to receive the report. Usually, the child protective service worker in the division or department of social ser-

vices, the police, and/or the county attorney (or another attorney designated to handle such matters) must provide proof in those few cases that reach the court of appropriate jurisdiction.

Physical Abuse

As noted earlier, physical abuse of children began to awaken the social conscience in the 1940's. Today, those who consider themselves professionals engaged in the delivery of services to children should know the signs and symptoms of physical abuse.

The basic concept underlying the identification of a nonaccidental injury is relatively simple. Whenever an injury is inconsistent with the history given of it, a nonaccidental injury (physical abuse) must be considered. A good example of an injury that is nonaccidentally induced would be multiple cigarette burns. It is highly unlikely that a child would accidentally suffer such a burn and certainly not more than one. Hence, any explanation of the injury suggesting that it was accidentally induced must be suspect.

Some of the more common indicators of nonaccidentally acquired physical injuries include:

1. Evidence of repeated injury—signs of new injuries are evident before old injuries are healed.
2. Frequent complaints of abdominal pain.
3. Evidence of bruises, especially bruises of different ages; welts; wounds, cuts, or punctures; scalding liquid burns, especially those with well defined parameters; caustic burns; frostbite; and burns, especially apparent cigarette burns on the back of the neck, head, or extremities.

Neglect

School personnel frequently accept the fact that a child comes from a poverty environment as a rationale for failing to report suspected neglect. Some definitions of neglect try to accommodate the fact that a child's physical well being must be considered in relation to the culture of which he is a part.

Neither of these conditions provides justification for failing to report suspected cases of neglect. In light of the many programs available to children of poor families, suspicion of neglect should be reported without regard to socioeconomic status of the family, ethnic background, or cultural factors. By reporting suspected neglect of a child, a teacher may be giving that child access to society and the services society provides. That teacher may be opening the door to social services needed by the child and his or her family even though neglect on the part of the child's parents or other caretakers has not been an overt act of omission of the care required.

Some of the more common indicators of neglect include evidence of inappropriate clothing for the weather; torn, tattered, or unwashed clothing; poor skin hygiene (unbathed); rejection by other children because of offensive body odor; need for glasses, dental work, or other health services; lack of proper nourishment; listlessness or lethargy; consistent tiredness and sleeping in class; frequent absenteeism or chronic tardiness; consistent, very early school arrival; and a consistent tendency to hang around school after school has been dismissed.

Sexual Molestation

A thorough discussion of sexual molestation and the psychosocial effects upon the victims, their families, the dynamics of the offense, and the after-effects are too complex for adequate treatment in a primer. Readers interested in a more complete discussion of the subject should refer to Schultz (1973), Sgroi (1975), or Martin (1976). A good basic treatment of the subject and additional references are available in these sources.

Even though a complete discussion of sexual molestation is not attempted here, there is a need for some discussion since both professionals and the general public suffer from a lack of understanding of this area of child abuse. For whatever reasons—because of a sense of the old Puritan morality or because it is too Freudian, too close to home, or too repugnant—the subject has received relatively little attention in the literature of child abuse. When the subject has been treated, the authors have approached it as if sexual abuse were distinctly different from physical abuse. Martin's (1976) discussion of the difference is a most interesting one; he argued convincingly that, "the relationship between physical abuse and sexual abuse has been neither clarified nor documented. The two are rarely discussed together, rather as if they are quite separate entities" (p. 151).

The separation of these two entities may be the result of feelings that physical abuse is predominantly a problem associated with the very young while sexual abuse has been thought to be associated more closely with preadolescent and older children. As will be seen from the discussion which follows, physical abuse, neglect, and sexual abuse seem to have more similarities than differences. At least, the three phenomena seem to coexist if, indeed, there are three phenomena as opposed to a single entity which manifests itself differently at different times.

The indicators of sexual abuse and molestation will, however, be presented separately because the indicators are usually more subtle as viewed by school personnel. When indicators of sexual abuse are present, it should be remembered that there is a strong likelihood that physical abuse and neglect may also be present.

Sexual abuse of a child is a reportable situation under child abuse and neglect statutes, sexual statutes, or both. Nonetheless, the recognition and reporting of sexual molestation of a child is dependent to a great

extent upon the individual's inherent willingness to entertain the possibility that the condition may exist (Sgroi, 1975, p. 21). Our rapidly changing attitudes toward sex and rapid value change regarding sexuality and what constitutes a sexual offense seems destined to complicate matters ever more.

Most of the literature about sexual abuse or sexual molestation is based on clinical evidence or case studies rather than on data based research. The data that are available are reported differently and, again, there is no agreed on definition.

Some data regarding sexual molestation are found in a report by Sgroi (1975). In brief, Sgroi's report indicates:

1. No one knows the true incidence of child molestation in the United States. It must be assumed that only a small fraction of the cases are reported.
2. The total number of suspected sexual abuse cases increased in one state (Connecticut) when a toll free hotline was established.
3. The most frequently named perpetrator in cases of sexual abuse was the father or a male relative or boyfriend. Nearly always the perpetrator was someone who had ready access to the child at home.
4. Ages of victims ranged from 1 or 2 months to 17 or 18 years.

Earlier investigations conducted locally disclosed that in a one year period, "75% of the cases involved children 12 years or under, 95% of which were girls, and 65% of which were assaulted by relatives or neighbors" (Gorham, 1966, p. 343).

These data tend to agree with DeFrancis's (1969) findings, which indicate that sexual offenders were members of the household in 27% of the cases and 37% were friends or known to the family. It is interesting to note that DeFrancis's data also showed that in 11% of the families involved in the study physical abuse other than sexual was directed toward the victim or other family members. Child neglect was reported in 79% of the families.

More current data regarding sexual abuse of children comes from the Children's Division of the American Humane Association (Lebsack, 1976). Of the 307,778 cases reported during the 1975 year, 10.7% of the identified and validated abuse cases were sexual abuse cases.

In all of the reports just noted two caveats are always included. Each writer has noted (a) that more than one category of abuse may have been reported for each child and (b) that underreporting is highly likely. Also, the 10.7% figure in the American Humane Association's report relates to abuse cases only. Neglect cases were reported separately.

These data complement those reported by Sgroi (1975) for the state of Connecticut. Here 11.4% of the cases reported were sexual abuse cases during 1973, and 8.8% of cases reported for 1974 were related to sexual

abuse. Again, there is the caveat. In all probability sexual abuse is seriously underreported.

On the basis of the clinical evidence and the somewhat limited data available regarding sexual abuse, one conclusion is obvious. The phenomenon of sexual abuse and molestation remains largely unexplained. Even though the studies relating abuse and neglect (including sexual abuse) and educational and psychological problems are limited (Kline & Christiansen, 1975; Oates, 1975; Kent, 1976), we know the dynamics, the effects, and the aftereffects upon the child present significant problems.

Behavioral indicators that reveal that sexual molestation may be occurring include:

1. Unwillingness to participate in physical activities—Young children who have had forced sexual intercourse may find it painful to sit during school or to play active games.
2. Indirect allusion—Sometimes sexually abused children will confide in teachers with whom they have a good rapport and feel may be helpful. The confidences may be veiled and vague but allude to a home situation by indicating, "I'm going to find a foster home to live in," "I'd like to live with you," or "I'm afraid to go home tonight."
3. Regression—Some sexually abused children, especially young children, will retreat into a fantasy world or revert to infantile behaviors.
4. Aggression and/or delinquency—The anger, hostility, and fear of the consequences of sexual abuse, especially in adolescents, may prompt delinquent, hostile, and/or aggressive behavior toward both people and property.
5. Status offenses—Running away from home may be used by children to escape a situation over which they feel they have no control. The runaway child is asking for help and/or acting out hostile and aggressive behaviors as previously noted.
6. Poor peer relationships—Isolation may follow feelings of guilt or serious emotional problems. Children seem unable to form stable and continuing relationships with others of their own age group.
7. Seductive behaviors—If children identify sexual contact as a positive reinforcer for attention, they may adopt seductive behaviors with both peers and adults.
8. Drug use/abuse—Use of alcohol and/or drugs may be the children's avenue for handling guilt and anxiety about having been sexually abused or perpetrating sexual abuse upon younger children.

Parental Behaviors That May Be Revealing

Since teachers and other school personnel often come in contact with one or both parents during teacher-parent conferences, it is wise to be aware

of parental behaviors which tend to suggest a "stronger than usual" capability to abuse, neglect, or sexually molest a child.

Although no two abusive parents are exactly alike, all of them share, in some measure, a variety or combination of characteristics, which Steele (1976, p. 15) summarized as follows:

1. "Immaturity . . . and associated dependency."
2. "Tragically low self-esteem and sense of incompetence."
3. "Difficulty in seeking pleasure and finding satisfaction in the adult world."
4. "Social isolation."
5. "Significant misperceptions of the infant."
6. "Fear of spoiling infants."
7. "Strong belief in the value of punishment."
8. "Serious lack of ability to be empathically aware of the infant's condition and needs and to respond appropriately to them."

On the basis of these characteristics, drawn largely from clinical experience, and on the basis of years of research from the fields of psychology, social work, education, and health, it becomes relatively easy to identify behaviors which parents may exhibit if they have a high potential for abusing their children. Some of these indicators are:

1. Expressing fear and/or showing evidence of losing control.
2. Showing detachment from the child.
3. Giving evidence that he or she is misusing drugs or alcohol.
4. Stating that a child is "injury prone" or has repeated injuries.
5. Complaining that he or she has no one to "bail" him or her out when "up tight" with the child.
6. Being reluctant to give information.
7. Appearing to be psychotic or psychopathic.
8. Stating that he or she has been reared in a "motherless" environment.
9. Having unrealistic expectations of the child.
10. Having an inappropriate awareness or concern for the child's academic success and social relationships with other children or adults.
11. Exhibiting behaviors that indicate minimal intellectual equipment for dealing with the child.

12. Being generally irrational in manner regarding the child's failures.
13. Appearing to be cruel, sadistic, or lacking in remorse when talking about injuries the child has sustained.

Whenever behaviors on the part of parents similar to those listed above are observed, teachers and other school personnel should include them as a basic part of the panoramic picture being developed about the child and his environment.

Children's Behaviors Indicative of Abuse, Neglect, and/or Sexual Molestation

All children exhibit some aggression, shyness, disruptive, or other behaviors indicative of temporary problems. When a child displays *unusual and rapid changes in behavior* like the ones that follow, teachers and school personnel should be alert to the possibility of abuse, neglect, and/or sexual molestation. The problems include:

1. Unusually aggressive, disruptive, or destructive behavior.
2. Unusually shy, withdrawn, or passive behavior or overly compliant behavior.
3. Unusual apprehension and an atypical curiosity when other children cry.
4. Unusual apprehension when adults approach a crying child.
5. Consistent alertness for danger.
6. Frequent and severe mood changes.

Emotional Maltreatment

Historically the term *maternal deprivation* has been used to describe children who have been emotionally neglected by the important figures in their lives, i.e., mothers, fathers, or other caretakers. As noted earlier, no two abusive parents are exactly alike. Similarly, the mothering behaviors of parents differ markedly. The behaviors with which teachers and school personnel should be most concerned are those where rejection, anger, strong ambivalence, and out and out dislike for the child are evidenced.

When there is an indication that parents have very little affection for the child, teachers and school personnel must consider the possibility that these children will be kept in their rooms for long periods of time, are apt to be poorly fed, will present unkempt appearances, and will generally have poor hygiene. Any serious student of child development is well aware of the serious effect such treatment has on the child.

Clearly, institutionalization of a child carries with it the danger of emotional deprivation. Even though the physical needs of the child are provided, the lack of appropriate parenting behaviors (i.e., love, affec-

tion, concern, warmth, cuddling, attention to vocal play and language development) leaves a grim, even frightening, prognosis for adequate developmental growth.

Even though the legal concept of *in loco parentis* (in the place of the parent) is vanishing from both the public and private school scene, in one sense the psychological need for the concept remains. School personnel should develop an awareness of the importance of their own behavior upon the developmental patterns and personality characteristics of the child. Even though teachers cannot be expected to undo all of the damage an emotionally deprived child may have suffered, they can present the child with behaviors that demonstrate that all adults are not unfeeling, unloving, and uncaring.

There is substantial evidence in the literature which indicates that certain values and beliefs are learned by individuals early in life and remain with them throughout their adolescence and adulthood. Studies which compare the values of adolescents to those of their peers and the parents show that male adolescents see themselves as similar to their fathers in theoretical, social, political, and religious values.

Transmission of values and attitudes from adult to child has relevant implications for teachers, especially teachers who interact on a daily basis with young children. Teachers transmit information and inculcate values. Emotional maturity, self respect, and respect for others are some of the values transmitted by teachers to their students.

Teachers engage in emotional maltreatment of children when they depict them as unusually dumb, stupid, or incompetent. Certainly statements to or about a child of this caliber do little more than encourage negative feelings of self, stimulate feelings of low self image, and reinforce for the emotionally deprived child feelings that have been too long a part of his developmental experiences.

Verbal abuse, which this writer equates with emotional maltreatment, of children by school personnel seems to apply all too frequently in our educational system from kindergarten through graduate school. Too many teachers seem to be unaware of their value as models. This is unfortunate, to say the least, in light of the major role school personnel serve in presenting appropriate and healthy interactions among children, youth, and adults.

Finally, in a discussion of emotional maltreatment of children it seems appropriate to point out the potential danger to a child's emotional stability and personality development that may be caused by society itself. Whenever cases of child abuse, neglect, or sexual molestation are brought to the attention of the court, care must be taken to protect the children from serious emotional conflict regarding their ideas about the offense and the offender. What could have been a short-lived traumatic event with few or no permanent consequences in the child's mind might be drawn out of proportion and could force the child into serious emotional

conflict. It cannot be stressed too strongly or too often that intervention must be nonpunitive whenever possible, and it is possible in the vast majority of cases.

School Policies

There are 36 states that currently name schools and/or school personnel among those specifically obligated to report suspected cases of child abuse and neglect. The balance of the statutes identify personnel serving in specified institutions or indicate that "any person" suspecting child abuse and neglect shall report. And, as noted earlier, only Oklahoma makes no provision in the statutes to provide immunity from civil and criminal liability for those who report in good faith.

In spite of the fact that all states have child abuse and neglect reporting laws, few schools have established policies and procedures under which the employees of the school shall report. Even though the number of schools throughout the country which have recently adopted school policies and procedures is rapidly increasing, only 17% of the states have policies adopted by a state school board regarding the reporting of child abuse (Education Commission of the States, 1976).

According to the Education Commission of the States Report No. 85 (1976), 84% of the state departments of education, 56% of the largest school districts in each state, 71% of the smallest school districts in each state, and 90% of the largest private schools in each state have no policies regarding the reporting of child abuse and neglect.

On the surface, the data suggest that state and local boards of education and trustees for private schools have been relatively inactive or disinterested in the problem of child abuse and neglect. Remembering, however, that no social reform has ever swept the country as rapidly as state and national legislative reform regarding child abuse and neglect, it is unlikely that the data reported by the Education Commission of the States is still accurate. Since the report of the Education Commission of the States was made in April 1976, two states (Nevada and Utah) have adopted statewide policies regarding the reporting of child abuse, and, there are increasing numbers of local and state school boards that have adopted policies and procedures of their own volition.

Since a policy regarding child abuse and neglect is a commitment by the school (or other education group) to cooperate with other agencies

staffed by other professional personnel in the identification, treatment, and prevention of the phenomenon, anything less than 100% is unacceptable.

The guidelines that follow are practical suggestions to help education policymakers develop and implement effective policies suitable to their particular circumstances and state laws. The guidelines presented here were first developed by a task force of the Education Commission of the States' (1976) Child Abuse and Neglect Project.

Some general suggestions regarding school policies and procedures for reporting child abuse and neglect are:

1. Since all states require or encourage school personnel to report suspected cases, every school system should adopt *and issue to all school personnel and the constituents of the district* a child abuse and neglect policy, particularly a policy on reporting.
2. The adopted policy should inform school personnel of their legal *and professional* obligations regarding child abuse and neglect.
3. The policy should inform all school personnel of immunities from civil and criminal liability provided in state laws when the report is made in good faith.
4. The policy should provide for periodic inservice education designed to assist school personnel in the identification of suspected cases of child abuse and neglect.

The critical elements of any school reporting policy (according to the task force of the Education Commission of the States) and sample wording for each critical element follow:

Elements To Be Cited

1. A brief rationale for involving school personnel in reporting.
2. The name and appropriate section numbers of the state reporting statute.
3. Who specifically is mandated to report and (if applicable) who may report.

Sample Wording

Because of their sustained contact with school-age children, school employees are in an excellent position to identify abused or neglected children and to refer them for treatment and protection.

To comply with the Mandatory Reporting of Child Abuse Act (Section 350-1 through 350-5) Hawaii Revised Statutes (1968), as amended (Supp. 1975), . . .

. . . it is the policy of the _____ School District that any teacher or other school employee . . .

Elements To Be Cited (continued)

4. Reportable conditions as defined by state law.
5. The person or agency to receive reports.
6. The information required of the reporter.
7. Expected professional conduct by school employees.
8. The exact language of the law to define "abuse" and "neglect"; if necessary, explain, clarify, or expand.
9. The method by which school personnel are to report (if appropriate, list telephone number for reporting) and the time in which to report.

Sample Wording (continued)

... who suspects that a child's physical or mental health or welfare may be adversely affected by abuse or neglect ...

... shall report to the department of social services ...

OR

... shall report to the principal, who shall then call the department of social services ...

... and give the following information: name, address and age of student; name and address of parent or caretaker; nature and extent of injuries or description of neglect; any other information that might help establish the cause of the injuries or condition.

School employees shall not contact the child's family or any other persons to determine the cause of the suspected abuse or neglect.

It is not the responsibility of the school employee to prove that the child has been abused or neglected, or to determine whether the child is in need of protection.

Any personal interview or physical inspection of the child should be conducted in a professional manner ...

"Abuse" means the infliction by other than accidental means, of physical harm upon the body of a child. "Neglect" means the failure to provide necessary food, care, clothing, shelter or medical attention for a child.

An oral report must be made as soon as possible by telephone or otherwise and may be followed by a written report.

Elements To Be Cited (continued)

10. Whether or not there is immunity from civil liability and criminal penalty for those who report or participate in an investigation or judicial proceeding; and whether immunity is for "good faith" reporting.*
11. Penalty for failure to report, if established by state law.
12. Action taken by school board for failure to report.
13. Any provisions of the law regarding the confidentiality of records of suspected abuse or neglect.

Sample Wording (continued)

In Illinois, anyone making a report in accordance with state law or participating in a resulting judicial proceeding is presumed to be acting in good faith and, in doing so, is immune from any civil or criminal liability that might otherwise be imposed.

OR

In Maryland, there is no immunity from civil suits for untrue statements made by one citizen against another.

Failure to report may result in a misdemeanor charge: punishment by a fine of up to \$500, imprisonment up to one year or both.

Failure to report may result in disciplinary action against the employee.

All records concerning reports of suspected abuse or neglect are confidential. Anyone who permits, assists, or encourages the release of information from records to a person or agency not legally permitted to have access may be guilty of a misdemeanor.

(Reprinted from Education Commission of the States, 1976.)

The simple process of articulating a clear position on child abuse and neglect can go a long way in establishing the educator's role in the multidisciplinary fight against the maltreatment of children. It can enhance the public's awareness and encourage primary prevention efforts. Certainly, a school policy regarding child abuse and neglect will encourage school employees, who have heretofore been reluctant to report suspected cases, to participate more willingly, in the legal and

* While every state provides immunity for those reporting child abuse, many do not provide immunity for reporters of child neglect. School systems in these states may be able to extend immunity to school personnel via the state public school laws. Many of these laws grant immunity to educators who act under a requirement of school law, rule or regulation. By enacting a regulation requiring school personnel to report suspected abuse and neglect, school systems can ensure full immunity to their employees who report.

professional obligations which they accept; not only as professionals but also as employees of an educational agency that has enunciated a clear policy on behalf of abused and neglected children.

A Word about Privacy and Reporting

Many educators have been concerned about violation of privacy if they report suspected cases of child abuse and neglect. This concern stems from the Buckley Family Educational Rights and Privacy Act passed by Congress in 1974. This act requires consent from parents before schools can share with a third party any information in the child's school record.

The Buckley legislation, however, makes an exception for information that involves health or safety; and the Department of Health, Education, and Welfare has stated that this includes child abuse. Moreover, appropriate policies and procedures will exclude child abuse and neglect reports from the individual child's *educational* record. (See the sample reporting procedures and report form in the next chapter.)

A Word about Failure To Report

Even though most professionals are aware of the immunities provided under state statutes against civil or criminal liability, not all school personnel know that the majority of the states have enacted either civil or criminal penalties for failure to report suspected cases of child abuse and neglect. State imposed criminal penalties range from \$25 and 10 days imprisonment to \$1,000 and 1 year imprisonment. Civil penalties extending the common law of negligence give any person the right to sue another person for damages resulting from negligence. If it can be established that any teacher or other professional school employee had knowledge of abuse and/or neglect and failed to report it, the child (or someone functioning in the child's behalf) could conceivably bring suit for damages.

Reporting Procedures and Report Form

It is not the responsibility of the school employee to prove that the child has been abused or neglected or to determine whether the child is in need of protection.

In gathering information, any personal interview or physical examination of the child should be conducted in the highest professional manner. School employees shall not make contact with the child's family or other persons (relatives, friends, neighbors, etc.) for purposes of determining the cause of the injury and/or apparent neglect. To make such a contact for the purposes of determining the cause of the injury or apparent neglect could easily place the child in further jeopardy.

The Reporting Procedures

While procedures may vary from school to school or from district to district, the usual procedures generally include the following:

1. School personnel shall be familiar with the possible signs and symptoms of abuse or neglect and may refer to lists of descriptive indicators as noted elsewhere in this book or developed and distributed as a part of the policies and procedures statement.
2. If school employees know or reasonably suspect that a child's health or welfare has been or appears to have been harmed as a result of abuse or neglect, they shall immediately make an oral report to the school principal or the principal's designee. In the absence of such school authority, the school employee shall make an oral report to the agency designated by state law to receive such reports (usually the local city police or county sheriff or the child protective service office in the state's social service agency).
3. To support the suspicion of abuse or neglect, professional school employees may gather information by interviewing the child. However, an interview with the child is not necessary. Recognizing that teacher-child interactions are not only within the areas of professional

competence but a routine part of the teaching-learning environment, the following suggestions are offered:

- a. For the interview with the child, a place should be sought that will maintain privacy and make the child feel comfortable.
 - b. When the interview is conducted, the professional school employee who suspects child abuse or neglect and a colleague should be present. School personnel of the same gender as the child should always be used.
 - c. The school employee having the best rapport with the child should take the responsibility for conducting the interview. Every effort should be made to make the child feel at ease, and the child should be made to realize that he or she is not in any trouble or subject to any punishment or discipline from school personnel.
 - d. The interviewer should not press for answers.
 - e. The interviewer should not accuse anyone as being the perpetrator of the suspected abuse or neglect.
 - f. Questions that suggest answers to the child should be avoided.
 - g. The child being interviewed may indicate having injuries as a result of physical abuse and may want to show the injured areas. In such cases, the interviewer should ask the child to show the abused area but not force the child to remove his or her clothes if the child is unwilling. The interviewer should avoid touching the child unnecessarily (basically only to improve the view of the abused area). The clothing designed specifically to cover the genital area of the child and the breasts of females should not be removed.
4. If, after the interview, it is determined that the child is in need of immediate medical attention, the school's procedure for dealing with injuries or illnesses should be followed. Contact with the parents or guardian for purposes of determining the cause of the injury should be avoided.
 5. If the information (observations) with or without an interview supports suspected child abuse or neglect:
 - a. The principal or principal's designee should immediately report the case by telephone or other oral communication to the agency designated to receive such reports.
 - b. Within 24 hours after making the oral report, the school employee initiating the report should complete and give to the principal or principal's designee the school's child abuse-neglect reporting form.

6. Upon receiving the school's child abuse-neglect reporting form, the principal or principal's designee should:
 - a. Mail within 24 hours one copy, which will be placed in the central file—usually, the file of the director of pupil personnel services or the director of counseling services or any other appropriate office file.
 - b. Mail within 24 hours one copy to the agency receiving the oral report.
 - c. Place one copy in a separate file maintained by the principal or principal's designee for all reported cases of suspected child abuse and/or neglect. *The child abuse-neglect reporting form shall not be placed in the child's personal school record.* (Note: The child abuse-neglect reporting form is not considered an "educational" record. As such it should not be filed in the child's educational record.)

A flow chart of these procedures is shown in Appendix B.

Reporting Forms

Reporting forms are important for a number of reasons. Among the reasons every school system should have an official reporting form are:

1. It provides evidence that the individual school employee as well as the school has complied with the law in reporting suspected cases of child abuse or neglect.
2. It provides the child protective service worker with information sometimes difficult or impossible to obtain from other sources.
3. It provides some degree of tangible evidence that may be critical in the event of a dispositional hearing before a court of appropriate jurisdiction.
4. It establishes that the policies and procedures of the school board (or board of trustees) have been carried out.

An example of a report form that has been field tested and proved to be appropriate is shown on page 34. This report form was developed by London (1976) for use by Utah school personnel.

Child Abuse-Neglect Reporting Form

Oral Report made to principal or designee: Date _____ Time _____

Child's name _____ / _____ / _____
Last name (legal) First Middle

Age _____ Birthdate _____ Sex _____

Child's address _____

Names and addresses of parents or other person(s) responsible for the child's care.

Father _____ Mother _____

Guardian or caretaker _____

Address _____ Telephone _____

Observations leading to the suspicion that the child is a victim of abuse or neglect. (Use Appendix A when answering this question.) Supply time and date of observation(s).

Additional information. Interview with the child and name of other school employees involved.

Written report made to principal or designee: Date _____ Time _____

Signature _____ Signature _____
Initiator of the report Observer of the interview

To be filled out by the principal or designee:

Oral report made to:

Local City Police _____
County Sheriff _____
Division of Family Services _____

Date _____ Time _____

Principal's signature _____

Written report made to:

Local City Police _____
County Sheriff _____
Division of Family Services _____

Date _____ Time _____

Distribute copies to:

1. Mail to agency receiving the oral report.
2. Mail to the district's pupil personnel office.
3. Place in principal's child abuse-neglect file.
(Not to be placed in the child's personal file.)

Primary Prevention

So far little has been said about the role of the schools in the area of primary prevention. The concept of primary prevention of child abuse, neglect, and sexual molestation involves attempts to reach the general population in a sustained effort to attack the causes of the problem. Secondary and tertiary prevention (identification and treatment after the fact) involve efforts to prevent the recurrence of problems in any given case.

McAfee and Nedler (1976) have provided the following rationale for the introduction of parent education on a massive basis in the schools. Their rationale is based on the fact that society has been changing rapidly and as a result so have families. According to McAfee and Nedler some of the indicators of social change are:

1. 60 percent of American families are metropolitan residents.
2. Many families move frequently, both short and long distances.
3. Families are having fewer children. The average household size in 1974 was 2.97 persons. In 1973 the live birth rate in the United States was the lowest in history.
4. The number of single-parent families is increasing, both because of divorce and because the parents never married.
5. Over 50 percent of all women are in the labor force; over 30 percent of all women with children under 6 work out of the home.
6. Stable, multi-age communities and the extended family have been replaced by communities linked by interests, age and income level.
7. Child bearing among young adolescents seems to be increasing. In our society these young people have had little or no exposure to young children and even less to how to rear children. (p. 4)

The theory that abused children learn abusive parenting attitudes and child rearing practices and, in turn, upon becoming parents rear their children based on these learned attitudes and practices is important when related to primary prevention. Although there are no data to substantiate the theory that child abuse is perpetuated from parent to child, there is substantial clinical evidence. Moreover, there is significant evidence in

the literature to indicate that certain attitudes and beliefs of the parent are, in fact, transmitted to the child and remain with the child throughout adolescence and into adulthood.

As noted earlier, Munns (1972) compared the values of adolescents to those of their peers and their parents and determined that male adolescents saw themselves as similar to their fathers in a variety of ways. Fry (1975) found that, if a child identifies with a parent, then there is a high probability that the child will duplicate that parent's ideas, attitudes, and behaviors.

Based on the rapid shifts in our society, as noted by McAfee and Nedler (1976), and the knowledge that attitudes and behaviors are transmitted from generation to generation, the introduction of parenting programs into the schools seems amply justified. Markham and Jacobsen (1976) provided even further evidence:

1. In 1974 there were 600,000 babies born to teenage mothers, most of whom were unwed.
2. At least 750,000 teenage girls became pregnant that same year, 1 out of 5 of whom had at least one previous pregnancy.
3. Most teenage girls are not prepared to cope with the day to day demands of a baby.
4. Social and economic problems soon supersede the teenage mother's initial excitement of having a baby.
5. When the constant demands of caring for the baby become difficult to deal with, abuse of the baby may result.

Even though child rearing is a significant enterprise for adults in any society, few parents in the United States have received any systematic instruction to prepare themselves for the task. Neither have they been instructed in the social and economic realities of having children. Most parents undertake the role with a beautiful naivety and exceedingly limited knowledge about the normal stages of child development. Illustrative of parents' limited knowledge about normal child development is the following example from McAfee and Nedler (1976):

The "lie" or "bragging" behavior of a 4-year-old must be viewed quite differently than this same behavior in a 12-year-old. The 4-year-old is testing reality and attempting to decipher the "rules" of his social environment while the 12-year-old's behavior clearly reflects inadequate coping mechanisms. Unfortunately, parents often equate these two events that occur at different stages of development and deal with them in identical ways. (p. 9)

Any rational approach to the problem of primary prevention must include the introduction of parenting instruction in the schools. There is no question that such programs present a viable strategy for primary prevention. The apparent social need, the availability of the research needed to develop curricula, and common sense all support the proposal.

School Quality Checklist for Appropriate Involvement in Child Abuse and Neglect

While there is no substitute for the personal knowledge a professional has regarding child abuse and neglect, those working in service providing institutions and agencies must function within the confines of "the system." On the preceding pages the importance of good school policies and procedures has been discussed, and an example of the report form has been presented. A flow chart of the steps involved in most school situations may be found in Appendix B.

If the schools are to become an integral part of the multidisciplinary community programs designed to combat child abuse and neglect, then their efforts will extend beyond simple reporting to the designated agencies and in-house programs. The concept of a community school is still alive and well in most parts of the country. Becoming a part of the community's effort to solve the problems of abuse and neglect is a worthy undertaking.

The following School Quality Checklist, a 5 point Likert (1973) type scale, is designed to help assess the extent to which a school system (or a single attendance unit within a system) is participating in community efforts to solve the problems of abuse and neglect.

School Child Abuse/Neglect Checklist

Listed below are the goals toward which every school should strive in an effort to eliminate child abuse and neglect in our society. Rate your school on a scale of 1 to 5:

- 1 = Not involved
- 2 = Somewhat involved
- 3 = Involved but needing improvement
- 4 = Substantially involved
- 5 = Extensively involved

1. My school has developed and implemented a policy and procedures to be followed in the identification and reporting of suspected cases of child abuse and neglect.

1 2 3 4 5

2. My school has developed and disseminated information to the public on the school's roles and responsibilities in the identification and reporting of suspected child abuse and neglect cases.

1 2 3 4 5

3. My school, in cooperation with the child protection agency, physicians, police, hospital personnel, lawyers, and interested and concerned parents, has helped develop an awareness within the community of the extent to which child abuse and neglect may be present.

1 2 3 4 5

4. My school (and my colleagues) act as an advocate to ensure that services are provided for abused and neglected children and their families.

1 2 3 4 5

5. My school provides annual inservice training for all school employees on the subject of identifying and reporting children suspected of being abused and/or neglected.

1 2 3 4 5

6. My school ensures that all records of child abuse and neglect are considered health and safety records, are not placed in the child's educational record, and are maintained in a "central school registry" on all reports.

1 2 3 4 5

7. As a part of the inservice training provided, my school makes sure that all personnel are aware of the effects that abuse, neglect, and sexual molestation can have upon the child's academic performance and behavior in school.

1 2 3 4 5

8. My school has helped develop an awareness among my colleagues and other school personnel that abuse of children is multidimensional and can result in a high incidence of abused and neglected children being enrolled in special education classes.

1 2 3 4 5

9. My school has helped all personnel develop an awareness of the importance of their behavior upon the development of behavior patterns and personality characteristics of the child.

1 2 3 4 5

10. My school offers programs for both secondary students (grades 7 through 12) and adults on appropriate child rearing and parenting behaviors.

1 2 3 4 5

11. My school, in cooperation with other community agencies and organizations, helps provide child care services and facilities for school age parents.
- 1 2 3 4 5
12. My school, in cooperation with other community agencies and organizations, helps provide child care services such as crisis nursery facilities, preschool day care centers, and other crisis intervention services.
- 1 2 3 4 5
13. My school conducts a review and evaluation of the child abuse and neglect policies, procedures, programs, and services at least once annually.
- 1 2 3 4 5
14. My school seeks to employ new teachers and other school personnel from teacher education programs that provide preservice training in the identification, reporting, treatment, and prevention of child abuse and neglect.
- 1 2 3 4 5
15. My school is represented on the multidisciplinary team established in the community to help solve individual child abuse and neglect cases as well as to create a climate where abuse, neglect, and sexual molestation of children is reduced or eliminated.
- 1 2 3 4 5

Summary and Concluding Statement

Child abuse and neglect is characterized by a number of abusive or neglectful incidents over a period of time that become collectively more severe the longer the abusive or neglectful behaviors continue. It becomes readily apparent, therefore, that all of society's resources and especially all of the school's resources ought to be used to identify and report any suspected case of abuse or neglect or any apparent inflicted injury to a child. Identification and reporting should be done at the earliest possible moment, not only to protect the child from further injury but also to avoid academic and personality deficits which have been proven to coexist with abuse and neglect.

The costs of child abuse and neglect in this country have yet to be established. The true costs, however, are not to be calculated in terms of dollars and cents. The true costs may never be visible but they are, nonetheless, very real. The abuse and neglect of children rob the victims of a chance to share the social, economic, and personal benefits of society and cripples the society itself.

Knowledgeable educators can, should, and will become effective agents in the battle against childhood's most tragic disease—child abuse and neglect.

Appendix A

A Concept Analysis of the Abused Child

As Zigler (1976) wrote, "Related to this perplexing problem [of definition] is our lack of a differentiated and conceptually-based classification system for child abuse" (p. 3).

Somewhat earlier, Kline and Hopper (1975) had reached the same conclusion and set about the task of developing a concept analysis of the abused child. It should be noted that Zigler called for a conceptually based classification system for the process—child abuse—while Kline and Hopper attempted to arrive at a conceptual definition descriptive of the product—the abused child.

Based on an extensive review of the literature from the fields of medicine, social work, psychology, law, and education, the systematic procedure known as "concept analysis" (Markle & Tiemann, 1970; Thiagarajan, Semmel, & Semmel, 1974) was applied to the content of the literature. The result was a differentiated and conceptually based classification system which identified three critical attributes* and a wide variety of insufficient or irrelevant attributes of the abused and neglected child.

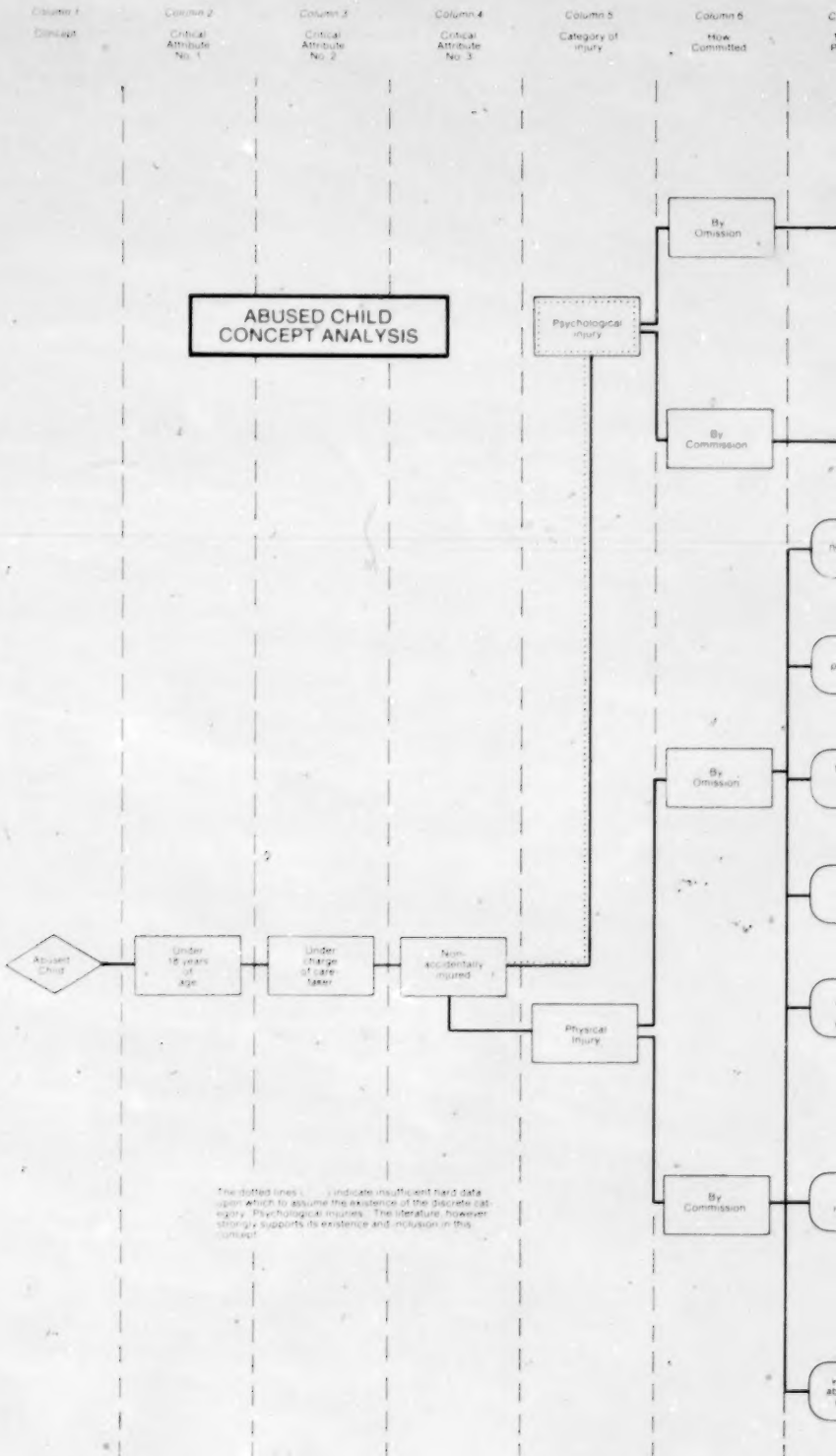
An abused or neglected child may be identified only if three critical attributes are always present: (a) the individual must be under the age of 18; (b) the individual must be under the charge of a caretaker; and (c) the individual must have been nonaccidentally injured.

The first critical attribute has been extracted from the legal literature and is consistent with the law in most states.

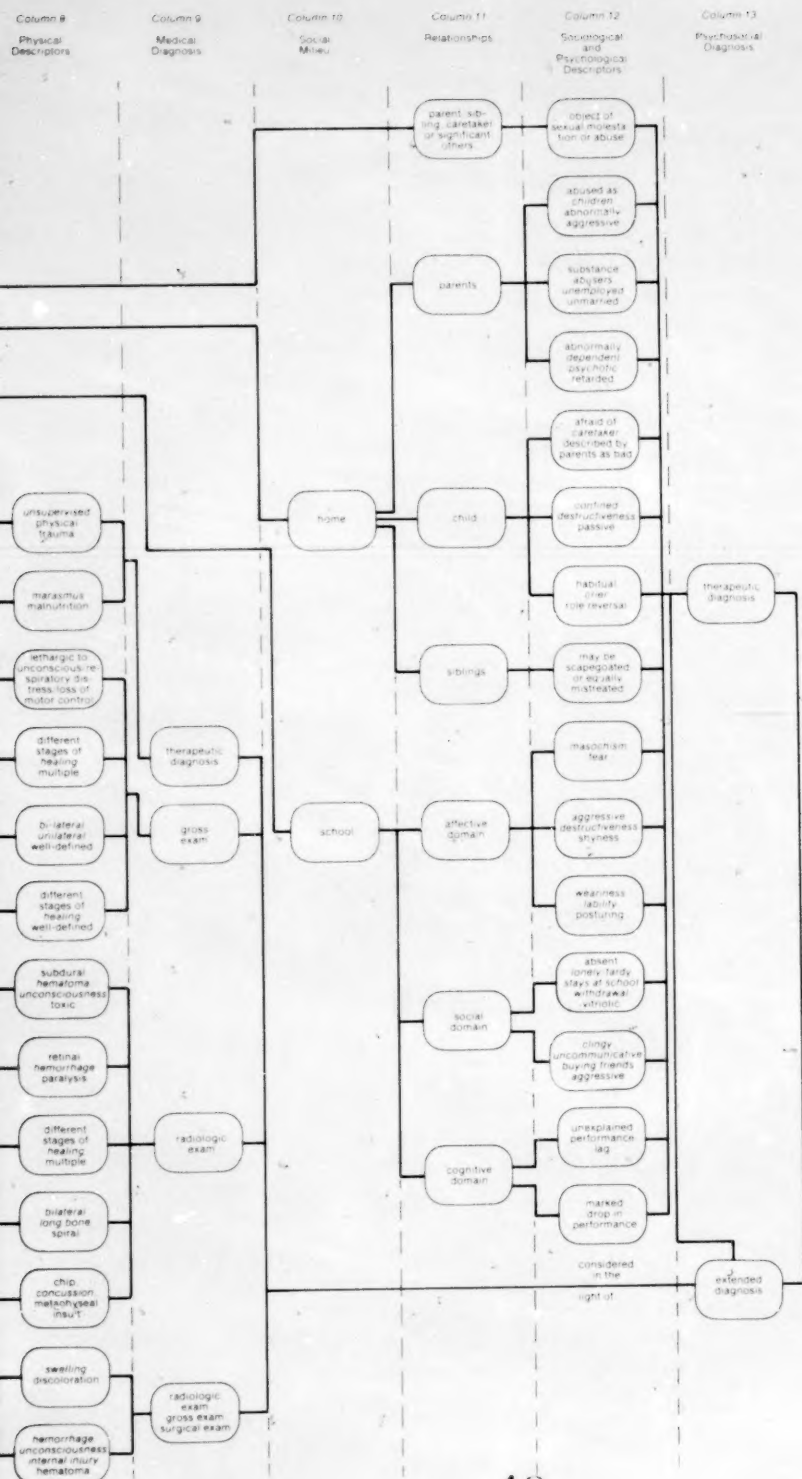
The second critical attribute follows logically since, with the exceptions enumerated in the law, an individual who has not reached the age of majority (18 in most states) is by definition under the charge of a caretaker. The term *caretaker* is used here to convey the fact that children may be under the charge of an institution, foster parents, baby sitters, and the like, as well as under the charge of natural parents.

* *Critical attributes* are properties common to the concept and therefore must be contained in every example of the concept. If any of the critical attributes of the abused child concept noted above are not present, that child may not be considered an example of the concept; rather, the child is a nonexample of the concept.

Concept Analysis Scheme



f an Abused Child



The third critical attribute of the abused child concept is the most difficult to comprehend. The question that is nearly always asked is, How can you tell whether the injury was accidentally or nonaccidentally induced?

The literature from the field of medicine clearly establishes the fact that the history given of the specific injury and the nature of the injury must be compatible if one is to accept the cause as being accidental. When the nature of a physical injury is at variance with the history given, there is a strong likelihood that the injury occurred nonaccidentally. In addition to the overwhelming evidence presented in the medical literature, some states (Connecticut and Louisiana) have adopted this language to define the term *abuse* in legislation mandating the reporting of suspected cases of child abuse.

The field of medicine has developed highly sophisticated diagnostic procedures to differentiate between accidental and nonaccidental injuries. Medical diagnosis used in conjunction with extended diagnosis* greatly minimizes the margin of error. Thus, the critical attribute nonaccidentally injured is not only essential to the concept of the abused child but is also capable of being determined with a high degree of accuracy, even though the specific type of injury varies from example to example.

By referring to the concept analysis scheme presented on pages 42-43 the reader should be able to identify the critical attributes (Columns 2, 3, and 4) necessary in every example of an abused child. Columns 5 and 6 of the concept analysis scheme show the category of injury and classify the injury as one of omission (neglect) or commission (abuse). Columns 7 and 8 show the type of physical injury (irrelevant attributes or insufficient attributes which, in and of themselves, vary from case to case without affecting the integrity of the concept) and how the injuries are most frequently described in the existing literature. Column 9 identifies basic procedures employed in the medical diagnosis. Columns 10, 11, 12, and 13 show the relationship between sociological and psychological descriptors and physical descriptors through the use of the extended diagnosis. The last four columns of the analysis scheme are of special importance to school personnel, since these descriptors help identify the behaviors abused children are most likely to exhibit and teachers are most likely to observe.

While the concept analysis scheme presented here fails to provide the differentiated and conceptually based classification system for the process

* The *extended diagnosis* is the investigation made by a social worker, peace officer, or other child protective service worker of the environment from which the child comes, i.e., the child's home or place of residence (institution), the living conditions, other family members or individuals living in the same environment, etc. The extended diagnosis is designed to determine situations and/or circumstances that tend to confirm or deny whether the nature of the injury is at variance with the history given.

(child abuse) Zigler (1976) seeks, it does provide a differentiated and conceptually based classification system for the product (the abused child).

School personnel who understand and use this concept will find that it identifies those attributes of the abused and neglected child that must be present in every case as well as those attributes that vary from case to case. With modest training, school personnel should be able to identify those children who appear to be at risk and who should benefit from further investigation by those responsible for child protective services. In addition, researchers and curriculum developers should find the concept analysis scheme useful in identifying elements susceptible to research as well as essential to the development of instructional programs designed to transmit knowledge about abused and neglected children.

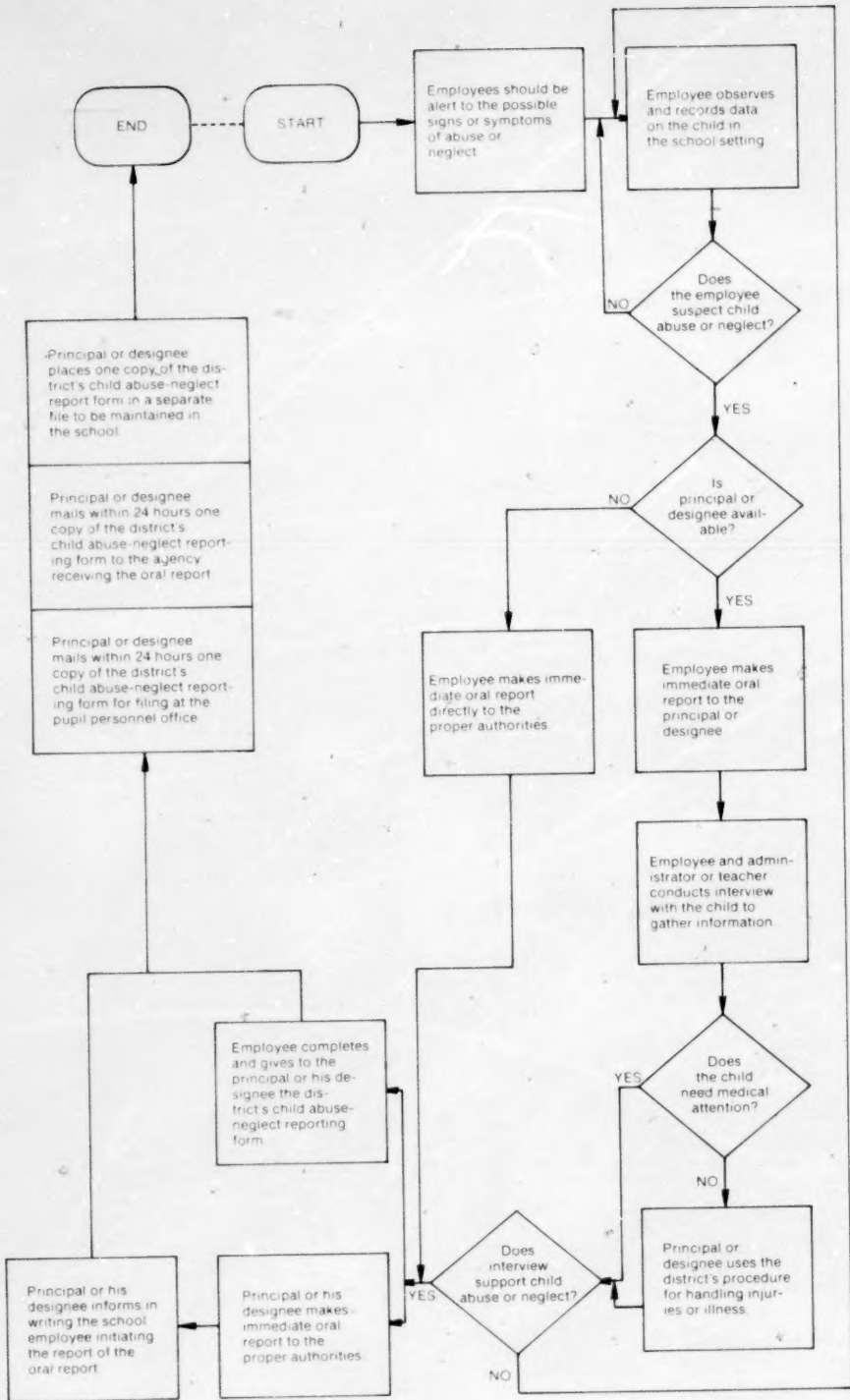
Admittedly, a differential diagnosis of child abuse is not only complex, but also involves personnel from a variety of disciplines. Few complex problems of childhood are amenable to a single discipline diagnosis.

Teachers and other school personnel are not required nor should they be expected to make a definitive diagnosis. This is the task of the physician, the social worker, the peace officer, and other child protective service workers. It is, however, both the legal and professional responsibility of school personnel to recognize the signs and symptoms of neglect and abuse and to make a formal request for further investigation.

Appendix B

Flow Chart of School Personnel Reporting Procedures

The following page illustrates the steps in reporting suspected cases of child abuse and neglect. These are general procedures as some might vary from school to school or from district to district. A more detailed explanation of these procedures can be found on pages 31–33, and an example of the child abuse and neglect report form can be found on page 34.



Glossary of Terms

Abnormal: Deviating from a standard; not average, typical, or usual.

Abused child: The product of child abuse; any person under the age of 18 years in the charge of a caretaker who is nonaccidentally injured by an act of omission or commission.

Affective domain: A sphere of activity or influence pertaining to feelings or emotions.

Aggressive: Behavior characterized by offensive acts or attacks; action or activity carried out in a forceful manner.

Bilateral: Affecting or pertaining to both sides of the body.

Bruise: An injury that does not break the skin but causes ruptures of the small underlying vessels with resultant discoloration of tissues; contusion.

Burn: An injury produced by, or as if by, burning (described in terms of degrees—1st, 2nd, 3rd—in accordance with their depth through the skin).

Caretaker: Anyone responsible for the health and well being of a child (a parent, guardian, foster parent, teacher, baby sitter, or any other person charged with the care of a child).

Central nervous system: The system controlling those bodily functions of, relating to, comprising, or originating in the brain and spinal cord.

Clingy: Behavior characterized by a strong tendency to physically hold onto and/or a reluctance to separate from; a strong emotional dependence.

Cognitive domain: A sphere of activity or influence pertaining to or relating to the acquisition and application of knowledge.

Commission: A willful or volitional act.

Concept: A class of members that share some properties in common.

Confined: A state existing when movement is restricted beyond accepted norms; bound, imprisoned, denied freedom, locked up.

Critical attribute: A property of every example of a concept. (If it is removed, the example becomes a nonexample.)

Descriptor: A property of a concept which may, in and of itself, be insufficient but delimits examples of the concept; pictures, words, descriptions, characteristics.

Destructiveness: Behavior resulting in damage to property, self, or others.

Different stages of healing: Injuries of differing ages.

Domain: A sphere of influence or activity.

Extended diagnosis: The use of social, emotional, economic, or other environmental factors which tend to confirm or deny suspected cases of child abuse.

Fracture: A break or rupture in the bone.

Chip fracture: A break in a bone which separates a small fragment from the main body of the bone.

Concussion fracture: A break in a bone resulting from impact.

Green stick fracture: An incomplete fracture of the long bones, principally in the forearm; one side of the bone is broken and the other side is bent.

Long bone fracture: A break in one of the elongated bones supporting a limb, e.g., femur, humerus.

Spiral fracture: A break in a bone resulting from a twisting or torque.

Gross examination: Physical examination without the aid of radiologic instruments or surgical entry.

Hematoma: A swelling containing blood.

Injury: A harm, hurt, or wound that adversely affects health, looks, comfort, or success. A specific impairment of body structure or function caused by an outside agent or force which may be physical, chemical, or psychic.

Internal injury: An injury to the internal organs, e.g., bowel, kidneys, spleen, liver, heart, lungs, mesentery.

Lability: Characterized by rapid emotional or mood changes.

Lethargic: Apathetic, sluggish; a state of overpowering drowsiness or sleepiness.

Malnutrition: Faulty or inadequate nutrition; the state resulting from inadequate or improper feeding.

Marasmus: Progressive wasting or emaciation, especially a wasting in infants; failure to thrive.

Masochism: The act of inflicting harm or causing harm to be inflicted upon one's self.

Mesentery: The membrane enfolding the intestines.

Metaphyseal: The line of the junction of the shaft of a long bone (diaphysis) and the end segment of the bone (epiphysis), which during early life are separated by cartilage.

Neglectful: Giving little or no attention or regard to; careless; unattending; inadequate caring.

Nonaccidental: Occurring other than by chance; an injury which is inconsistent with the stated cause.

Omission: The act of neglecting or leaving undone; neglect of duty; failure to act.

Paralysis: Complete or partial loss of function involving motion or sensation in a part of the body.

Passive: Not reacting visibly to something that might be expected to produce manifestations of an emotion or feeling.

Performance lag: An unexplained discrepancy between observed and realistically expectable behavior.

Physical: Of or pertaining to the body.

Posturing: Remaining motionless for unusually long periods of time.

Psychological injury: That which adversely affects the emotional or intellectual well being of a child.

Psychotic: Referring to mental disorders characterized by defective or lost contact with reality.

Radiologic: Of or pertaining to the use of radioactive substances in medicine; x-ray, principally referring to x-ray diagnosis.

Retarded: Limited in intellectual or emotional development.

Retinal hemorrhage: Rupture of blood vessels in the perceptive structure of the eye.

Roentgenology: The branch of radiology which deals with the diagnostic and therapeutical use of roentgen rays.

Role reversal: A pathological pattern of behavior wherein a child assumes the parent role of providing emotional support.

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